

## **Application Data Sheet**

### **Application Information**

|                                  |  |
|----------------------------------|--|
| Application Type::               | Regular  |
| Subject Matter::                 | Utility  |
| Suggested Classification::       |  |
| Suggested Group Art Unit::       |  |
| CD-ROM or CD-R?::                | None   |
| Number of CD Disks::             |  |
| Number of Copies of CDs::        |  |
| Sequence Submission?::           |  |
| Computer Readable Form (CRF)?::  |  |
| Number of copies of CRF::        |  |
| Title::                          | MUSCOSAL IMMUNOREGULATORY<br>AGENT AND ITS USE |
| Attorney Docket Number::         | ARAI=3A  |
| Request for Early Publication?:: | No   |
| Request for Non-Publication?::   | No   |
| Suggested Drawing Figure::       |  |
| Total Drawing Sheets::           | 1  |
| Small Entity?::                  | No   |
| Latin Name::                     |  |
| Variety Denomination Name::      |  |
| Petition Included::              | No   |
| Petition Type::                  |  |
| Licensed US Govt. Agency::       |  |
| Contract or Grant Numbers::      |  |
| Secrecy Order in Parent Appl.?:: | No   |

### **Applicant Information**

|                               |               |
|-------------------------------|---------------|
| Applicant Authority Type::    | Inventor      |
| Primary Citizenship Country:: | Japanl        |
| Status::                      | Full Capacity |
| Given Name::                  | Norie         |

Middle Name::  
Family Name:: ARAI  
Name Suffix::  
City of Residence:: Okayama  
State or Province of Residence::  
Country of Residence:: Japan  
Street of Mailing Address:: 2-3, Shimoishii 1-chome, Okayama-shi  
City of Mailing Address:: Okayama  
State or Province of Mailing Address::  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing Address::  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Toshihara  
Middle Name::  
Family Name:: HANAYA  
Name Suffix::  
City of Residence:: Okayama  
State or Province of Residence::  
Country of Residence:: Japan  
Street of Mailing Address:: 2-3, Shimoishii 1-chome, Okayama-shi  
City of Mailing Address:: Okayama  
State or Province of Mailing Address::  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing Address::  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Shigeyuki  
Middle Name::  
Family Name:: ARAI  
Name Suffix::

City of Residence:: Okayama  
 State or Province of Residence::  
 Country of Residence:: Japan  
 Street of Mailing Address:: 2-3, Shimoishii 1-chome, Okayama-shi  
 City of Mailing Address:: Okayama  
 State or Province of Mailing Address::  
 Country of Mailing Address:: Japan  
 Postal or Zip Code of Mailing Address::  
 Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: Japan  
 Status:: Full Capacity  
 Given Name:: Masashi  
 Middle Name::  
 Family Name:: KURIMOTO  
 Name Suffix::  
 City of Residence:: Okayama  
 State or Province of Residence::  
 Country of Residence:: Japan  
 Street of Mailing Address:: 2-3, Shimoishii 1-chome, Okayama-shi  
 City of Mailing Address:: Okayama  
 State or Province of Mailing Address::  
 Country of Mailing Address:: Japan  
 Postal or Zip Code of Mailing Address::

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

|                  |                   |                |               |
|------------------|-------------------|----------------|---------------|
| Application::    | Continuity Type:: | Parent         | Parent Filing |
|                  |                   | Application::  | Date::        |
| This Application | Division of       | 10/169,670     | 08-07-02      |
| 10/169,670       | National Stage of | PCT/JP01/09646 | 02-11-01      |

**Foreign Priority Information**

|           |                      |               |                    |
|-----------|----------------------|---------------|--------------------|
| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
| Japan     | 339753/2000          | 11-07-00      | Yes                |
| Japan     | 217899/2001          | 07-18-01      | Yes                |

**Assignment Information**

|   |   |
|---|---|
| Assignee Name::                         | KABUSHIKI Kaisha Hayashibara Seibutsu<br>KK |
| Street of Mailing Address::             | 2-3, Shimoishii 1-chome, Okayama-shi        |
| City of Mailing Address::               | Okayama                                     |
| State or Province of Mailing Address::  |   |
| Country of Mailing Address::            | Japan                                       |
| Postal or Zip Code of Mailing Address:: |   |